

The Blessed Carlo Acutis Religious Education Program  
600 Hamilton Street, Norristown PA 19401  
**2024-2025 PREP Year Student Registration Form**

<b>For Office Use Only (Sólo para uso de la oficina).</b> SFA _____ St. Pat's _____ Date _____ PREP Grade _____ Paid? Y/N Amnt. _____ Method _____
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Please complete the entire form completely, on all sides.

**PLEASE HAVE A COPY OF YOUR CHILD(REN)'S BAPTISM & COMMUNION CERTIFICATE(S) AT THE TIME OF REGISTRATION.**

**Family Information:**

**Family Last Name** \_\_\_\_\_

Father's Name \_\_\_\_\_

Religion \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Religion \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family **FULL** Mailing Address \_\_\_\_\_

Best Number \_\_\_\_\_ Email \_\_\_\_\_

**Home Parish:**

St. Francis of Assisi \_\_\_\_\_ St. Patrick's \_\_\_\_\_ Other \_\_\_\_\_

**Are there any legal or custody issues? Yes\_\_ No \_\_** (If yes, please provide a complete copy of the last court order.)

**Emergency Contact Person (other than parents)**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**I give permission for my children's photo to appear on the parish website, bulletin and other publications in connection with events happening in the parish. Yes \_\_\_\_\_ No \_\_\_\_\_**

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***Baptismal Certificate(s)***

\_\_\_\_ Attached \_\_\_\_\_ Baptized at St. Francis of Assisi \_\_\_\_\_ Baptized at St. Patrick's

***First Holy Communion Certificate(s) [if applicable]***

\_\_\_\_ Attached \_\_\_\_\_ Received at St. Francis of Assisi \_\_\_\_\_ Received at St. Patrick's

**Student Information: Please provide all information for your children.**

**Child 1:**

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*First name* \_\_\_\_\_ *Middle Initial* \_\_\_\_\_ *Last name* \_\_\_\_\_

**Sex** M / F      **Date of Birth** \_\_\_\_\_

**Day School Name** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

**Date of Baptism and Church** \_\_\_\_\_

**First Confession/Penance Date and Church** \_\_\_\_\_

**First Communion Date and Church** \_\_\_\_\_

**Does this child have any allergies that we should know about? Y / N** \_\_\_\_\_

**Is this child taking any medication? Y / N** \_\_\_\_\_

**Does this child have a learning disability? Y / N** \_\_\_\_\_

**Is there anything else we should know about this student? Y / N** \_\_\_\_\_

**Most recent year in PREP** \_\_\_\_\_

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**Child 2:**

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*First name* \_\_\_\_\_ *Middle Initial* \_\_\_\_\_ *Last name* \_\_\_\_\_

**Sex** M / F      **Date of Birth** \_\_\_\_\_

**Day School Name** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

**Date of Baptism and Church** \_\_\_\_\_

**First Confession/Penance Date and Church** \_\_\_\_\_

**First Communion Date and Church** \_\_\_\_\_

**Does this child have any allergies that we should know about? Y / N** \_\_\_\_\_

**Is this child taking any medication? Y / N** \_\_\_\_\_

**Does this child have a learning disability? Y / N** \_\_\_\_\_

**Is there anything else we should know about this student? Y / N** \_\_\_\_\_

**Most recent year in PREP** \_\_\_\_\_

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**Child 3:**

*First name*

*Middle Initial*

*Last name*

**Sex** M / F      **Date of Birth** \_\_\_\_\_

**Day School Name** \_\_\_\_\_      **Grade Level** \_\_\_\_\_

**Date of Baptism and Church** \_\_\_\_\_

**First Confession/Penance Date and Church** \_\_\_\_\_

**First Communion Date and Church** \_\_\_\_\_

**Does this child have any allergies that we should know about? Y / N** \_\_\_\_\_

**Is this child taking any medication? Y / N** \_\_\_\_\_

**Does this child have a learning disability? Y / N** \_\_\_\_\_

**Is there anything else we should know about this student? Y / N** \_\_\_\_\_

**Most recent year in PREP** \_\_\_\_\_

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**Child 4:**

*First name*

*Middle Initial*

*Last name*

**Sex** M / F      **Date of Birth** \_\_\_\_\_

**Day School Name** \_\_\_\_\_      **Grade Level** \_\_\_\_\_

**Date of Baptism and Church** \_\_\_\_\_

**First Confession/Penance Date and Church** \_\_\_\_\_

**First Communion Date and Church** \_\_\_\_\_

**Does this child have any allergies that we should know about? Y / N** \_\_\_\_\_

**Is this child taking any medication? Y / N** \_\_\_\_\_

**Does this child have a learning disability? Y / N** \_\_\_\_\_

**Is there anything else we should know about this student? Y / N** \_\_\_\_\_

**Most recent year in PREP** \_\_\_\_\_

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